

<p align="center">CHANGE OF CORRESPONDENCE ADDRESS</p> <p align="center"><i>Application</i></p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450</p>	Application Number	09/982,531
	Filing Date	October 19, 2001
	First Named Inventor	Astrid VRANG
	Art Unit	1636
	Examiner Name	Nancy T. Vogel
	Attorney Docket Number	54320.000011

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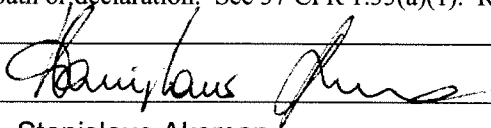
I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.
Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 28,562

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature 

Typed or Printed Name **Stanislaus Aksman**

Date **February 23, 2007** Telephone **(703) 677-3003**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.